

Trauma Registry System File Formats



Virginia Department of Health
Office of Emergency Medical Services
P.O. Box 2448
Richmond, Virginia 23219
(804)864-7600
www.vdh.virginia.gov/oems

Automated Data Load – File Layout Specification

The Hospitals will submit five files to EMS. All files will have the Hospital Code and Date ranges appended to the file name. These files are summarized below with detailed file layouts following.

FILES TO BE SENT FROM HOSPITALS TO EMS	
ADM_<Hosp_Code>_<From_Date>_<To_Date>.CSV	This file is used to provide the Admission details. Each record will have Hospital Code, Medical Record Number, Arrival Date and Arrival Time.
CON_<Hosp_Code>_<From_Date>_<To_Date>.CSV	This file is used to provide the Patient Contact Details. Each record will have Hospital Code, Medical Record Number, Arrival Date and Arrival Time.
DIA_<Hosp_Code>_<From_Date>_<To_Date>.CSV	This file is used to provide the Diagnosis Details. Each record will have Hospital Code, Medical Record Number, Arrival Date and Arrival Time.
ORG_<Hosp_Code>_<From_Date>_<To_Date>.CSV	This file is used to provide the Organ Donor Details. Each record will have Hospital Code, Medical Record Number, Arrival Date and Arrival Time.
SAF_<Hosp_Code>_<From_Date>_<To_Date>.CSV	This file is used to provide the Safety Devices Details. Each record will have Hospital Code, Medical Record Number, Arrival Date and Arrival Time.

Hosp_Code : Hospital Code of the submitting hospital.

From_Date : Starting date of the Year/ Quarter/ Month (MMDDYYYY).

To_Date : Ending date of the Year/ Quarter/ Month (MMDDYYYY).

CSV : User can upload only Comma Delimited Files (CSV Files).

Date Ranges : From Date must be less than To Date.

The dictionary format for each data element is as follows:

Field order in the flat file

Name of Data Element:	Name
Priority:	Mandatory
Definition:	Short definition of data element
Code:	Coded description of the data element values or attributes
Length:	Maximum length of the data element values or attributes
Data Items: Defined data elements - alternative descriptions of the data element values or attributes	

Content: Detailed discussion of definition and content.

Validations: Validations associated with this data element.

Admission File

[ADM_<Hosp_Code>_<From_Date>_<To_Date>.CSV]

Note: Please ensure that the sequence of the columns in CSV file follow the below listed order

1

Name of Data Element:	INST_NUM
Priority:	Mandatory
Definition:	Institution Number
Code:	Numeric Entry
Length:	5

Content: Indicates the code assigned to the hospital entering information about the patient. See [Appendix A](#) for a complete list of facility/hospital numbers

Validation:

1. OEMS hospital should exist that corresponds to this hospital.

2

Name of Data Element:	MED_REC
Priority:	Mandatory
Definition:	Medical Record Number
Code:	Numeric Entry
Length:	10

Content: Indicates the unique Medical Record Number associated with the injury sustained by the patient.

Validations:

1. Medical Record Number should be same for a patient in a hospital for multiple admissions.
2. Two different patients should not have the same medical record number in a hospital.
3. Duplicate Medical Records i.e., Medical Records with same INST_NUM, MED_REC, EDA_DATE, EDA_TIME will not be allowed.

3

Name of Data Element:	EDA_DATE
Priority:	Mandatory
Definition:	ED Arrival Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date Patient arrived at the hospital from the accident scene.

Validations:

1. Arrival Date must be greater than or equal to Patient's Date of Birth and Injury Date.
2. Arrival Date must be less than or equal to Today's Date and Discharge Date.

4

Name of Data Element:	EDA_TIME
Priority:	Mandatory
Definition:	ED Arrival Time
Code:	Time format should be HH:MI
Length:	5

Content: Time Patient arrived at the hospital. HH ranges from 00 to 23. MI ranges from 00 to 59

Validations:

1. Arrival Date-Time must be greater than or equal to Injury Date-Time.
2. Arrival Date-Time must be less than or equal to Today's Date-Time and Discharge Date-Time.

5

Name of Data Element:	TRANSP_S
Priority:	Conditionally Mandatory
Definition:	Scene Primary Transport
Code:	Numeric Entry
Length:	2
Data Items:	
1 Ambulance	5 Private Vehicle
2 Helicopter	6 Walk In
3 Police	7 Other
4 Public Safety	

Content: Indicates type of transportation used to bring trauma patient to hospital.

Validations:

1. Transport Mode is Mandatory for the patients being transferred from other hospitals.

6

Name of Data Element:	TRANSP_R
Priority:	Optional
Definition:	Referring Facility Transport
Code:	Numeric Entry
Length:	2
Data Items:	
0 Not Transferred	3 Police
1 Ambulance	4 Public Safety
2 Helicopter	5 Other, Inappropriate, Unknown

Content: Mode of first transport from referring hospital.

7

Name of Data Element:	AMB_REP_S
Priority:	Optional
Definition:	Scene Primary Transport – Report ID Number
Code:	Numeric Entry
Length:	15

Content: Number on the form used by the EMS AGENCY bringing the patient to the hospital

8

Name of Data Element:	MED_UNIT_S
Priority:	Optional
Definition:	Scene Primary Transport – Service Number
Code:	Numeric Entry
Length:	8

Content: Indicates the code assigned to the EMS agency that transported the trauma patient to the hospital.

Validations:

1. Transporting agency should be valid and active.
2. OEMS Agency should exist that corresponds to the Pre-hospital Transporting Agency.

9

Name of Data Element:	REF_HOSP
Priority:	Optional
Definition:	Referring Hospital
Code:	Numeric Entry
Length:	6

Content: Indicates the HOSPITAL CODE assigned to the acute care hospital FROM which the patient has been transferred to the current hospital.

Validations:

1. Transferring hospital should not be the same as the current hospital.
2. OEMS hospital should exist that corresponds to the transferring hospital.

10

Name of Data Element:	TRANS_TO_H
Priority:	Conditionally Mandatory
Definition:	Transferred to Hospital
Code:	Numeric Entry
Length:	6

Content: Indicates the HOSPITAL CODE assigned to the acute care hospital TO which the patient has been transferred. This field is required only when TRANSFER TO ANOTHER ACUTE CARE FACILITY appears in the OUTCOME field.

Validations:

1. Transferred to hospital is Mandatory for Transferred patients.
2. Transferred to hospital should not be the same as the current hospital.
3. Transferred to hospital should be a valid receiving hospital.
4. OEMS hospital should exist that corresponds to the receiving hospital.

11

Name of Data Element:	GCS_A
Priority:	Optional
Definition:	Glasgow Coma Score
Code:	Numeric Entry
Length:	4

Content: Indicates Glasgow Coma Score.

Validations:

GCS value should be between 3 and 15. If supplied value is less than 3 then system will convert the value to 3, if supplied value is greater than 15 then system will convert the value to 15.

12

Name of Data Element:	SYS_BP_A
Priority:	Optional
Definition:	Systolic Blood Pressure
Code:	Numeric Entry
Length:	3

Content: Patient's Systolic Blood Pressure at the time of admission.

Validations:

Systolic Blood Pressure value should be between 0 and 300 (mmHG). If supplied value is less than 0 then system will convert the value to 0, if supplied value is greater than 300 then system will convert the value to 300.

13

Name of Data Element:	RESP_RAT_A
Priority:	Optional
Definition:	Respiratory Rate
Code:	Numeric Entry
Length:	3

Content: Respiratory Rate of Patient at time of admission.

Validations:

Respiratory rate should be between 0 and 90. If supplied value is less than 0 then system will convert the value to 0, if supplied value is greater than 90 then system will convert the value to 90.

14

Name of Data Element:	RTS_A
Priority:	Optional
Definition:	Revised Trauma Score
Code:	Numeric Entry
Length:	6

Content: Revised Trauma Score on Admission.

15

Name of Data Element:	ICU_DAYS
Priority:	Conditionally Mandatory
Definition:	ICU Days
Code:	Numeric Entry
Length:	5

Content: Indicates the number of days the patient remained in the ICU (Intensive Care Unit) after admission for this injury

Validations:

1. If the patient has an admission status of ICU, then ICU days must be at least one day.

16

Name of Data Element:	HOSP_DAYS
Priority:	Conditionally Mandatory
Definition:	Hospital Days
Code:	Numeric Entry
Length:	5

Content: Total number of DAYS patient has been or was in this facility for this injury.

Validations:

1. Patients dying prior to admission must have length of stay of zero.
2. Patients transferring prior to admission must have length of stay of one.
3. Patients seen in ER only must have length of stay of zero.

17

Name of Data Element:		DISCHG_TO
Priority:		Mandatory
Definition:		Discharge To
Code:		Numeric Entry
Length:		3
Data Items:		
0 Transfer	4 Pediatrics	8 Other
1 ICU	5 PICU	9 Telemetry
2 PCU	6 Operating Room	10 Observation
3 Floor	7 Morgue	11 Home

Content: Indicates trauma Patient's status after they were discharged from the hospital.

Validations:

1. If Patient is transferred to another hospital then receiving hospital, Transport Mode and Discharge Time are Mandatory.
2. If Patient's outcome is MORGUE then Discharge Time is Mandatory.
3. Patient's outcome must be MORGUE if admission status is MORGUE.

18

Name of Data Element:		DATE_DEATH_DSCHG
Priority:		Mandatory
Definition:		Date of Death or Discharge
Code:		Date format should be MM/DD/YYYY
Length:		10

Content: Indicates the date in MM/DD/YYYY format which corresponds to the OUTCOME information.

Validations:

1. Discharge Date must be greater than or equal to Patients Date of Birth, Arrival Date and Injury Date.
2. Discharge Date must be less than or equal to Today's Date.

19

Name of Data Element:	TIME_DEATH_DSCHG
Priority:	Conditionally Mandatory
Definition:	Time of Death or Discharge
Code:	Time format should be HH:MI
Length:	5

Content: Indicates the time in HH:MI format which corresponds to the OUTCOME information. This field is required only when Outcome is TRANSFER TO ACUTE CARE FACILITY or EXPIRED.

Validations:

1. Discharge Time is Mandatory for Transferred/Expired patients.
2. Discharge Date-Time must be greater than or equal to Arrival Date-Time and Injury Date-Time.
3. Discharge Date-Time must be less than or equal to Today's Date-Time.

20

Name of Data Element:	EDD_DATE
Priority:	Optional
Definition:	ED Discharge Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Indicates the Discharge Date from Emergency Department.

Validations:

1. ED Discharge Date must be greater than or equal to Patients Date of Birth, Arrival Date and Injury Date.
2. ED Discharge Date must be less than or equal to Today's Date.

21

Name of Data Element:	EDD_TIME
Priority:	Optional
Definition:	ED Discharge Time
Code:	Time format should be HH:MI
Length:	5

Content: Indicates the Discharge Time from Emergency Department.

Validations:

1. ED Discharge Date-Time must be greater than or equal to Arrival Date-Time and Injury Date-Time.
2. ED Discharge Date-Time must be less than or equal to Today's Date-Time.

22

Name of Data Element:	POST_ED_D
Priority:	Mandatory
Definition:	Admission Status
Code:	Numeric Entry
Length:	3
Data Items:	
0 Transfer	6 Operating Room
1 ICU	7 Morgue
2 PCU	8 Other
3 Floor	9 Telemetry
4 Pediatrics	10 Observation
5 PICU	11 Home

Content: Indicates hospital ward or floor to which trauma patient was admitted.

Validations:

1. If Admission status is TRANSFERRED FROM OTHER HOSPITAL, then Transferring Hospital, Transport Mode and Agency Code are Mandatory.
2. If Admission status is MORGUE then outcome must be MORGUE.

23

Name of Data Element:	PAYOR_1
Priority:	Optional
Definition:	Payor Source
Code:	Numeric Entry
Length:	3
Data Items:	
1 None	7 Blue Cross
2 Medicare	8 Car Insurance
3 Medicaid	9 Self Pay
4 Workers Comp	10 Ward of Federal Govt
5 HMO	11 Tri-Care
6 Other Insurance	12 Aetna
	13 Other PPO

Content: Indicates the code of the individual or organization responsible for payment of the bill.

Validations:

1. Invalid Payor source will not be accepted.

24

Name of Data Element:	PAYOR_2
Priority:	Optional
Definition:	Payor Source
Code:	Numeric Entry
Length:	3

Content: Indicates the code of the individual or organization responsible for payment of the bill.

Validations:

1. Invalid Payor source will not be accepted.

25

Name of Data Element:	PAYOR_3
Priority:	Optional
Definition:	Payor Source
Code:	Numeric Entry
Length:	3

Content: Indicates the code of the individual or organization responsible for payment of the bill.

Validations:

1. Invalid Payor source will not be accepted.

26

Name of Data Element:	PAYOR_4
Priority:	Optional
Definition:	Payor Source
Code:	Numeric Entry
Length:	3

Content: Indicates the code of the individual or organization responsible for payment of the bill.

Validations:

1. Invalid Payor source will not be accepted.

27

Name of Data Element:	ISS
Priority:	Optional
Definition:	Injury Severity Score
Code:	Numeric Entry
Length:	3

Content: Indicates the Injury Severity Score of patient.

28

Name of Data Element:	WORK_RELAT
Priority:	Optional
Definition:	Work Related
Code:	Numeric Entry
Length:	1
Data Items:	
1 Yes 2 No	

Content: Indicates whether the Patient's Injury was work related or Not.

29

Name of Data Element:	DOB_TEXT
Priority:	Conditionally Mandatory
Definition:	Patient's Date Of Birth
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Indicates the Date of Birth of patient.

Validations:

1. Date of Birth is Mandatory if patient's age is not supplied.
2. Date of Birth must be less than Injury Date, Arrival Date and Discharge Date.
3. Date of Birth must be less than or equal to Today's Date.
4. Year of Birth must be between 1850 and Current Year.

30

Name of Data Element:	SEX
Priority:	Mandatory
Definition:	SEX
Code:	Numeric Entry
Length:	1
Data Items:	
1 Male 2 Female Unknown	

Content: Indicates the Gender of Patient

31

Name of Data Element:	RACE
Priority:	Mandatory
Definition:	RACE
Code:	Numeric Entry
Length:	1
Data Items:	
1 White	4 American Indian
2 Black	5 Asian
3 Hispanic	6 Other

Content: Indicates the Patient's racial Identity.

32

Name of Data Element:	PAT_ADR_CI
Priority:	Optional
Definition:	Patient Address City
Code:	Alphabetic Entry
Length:	30

Content: The name of the CITY where the individual resides/or is based.

33

Name of Data Element:	PAT_ADR_ST
Priority:	Optional
Definition:	State Name
Code:	Alphabetic Entry
Length:	2

Content: Indicates the two letter abbreviation of the Commonwealth/State where the individual resides/or is based.

34

Name of Data Element:	INJDATE
Priority:	Optional
Definition:	Injury Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date of injury in MM/DD/YYYY format.

Validations:

1. Injury Date must be greater than Patient's Date of Birth.
2. Injury Date must be less than or equal to Arrival Date, Discharge Date and Today's Date.
3. If Injury Date is not supplied then Arrival Date will be considered as Injury Date.

35

Name of Data Element:	INJTIME
Priority:	Optional
Definition:	Injury Time
Code:	Time format should be HH:MI
Length:	5

Content: Time of injury in MM/DD/YYYY format.

Validations:

1. Injury Date-Time must be less than Arrival Date-Time, Discharge Date-Time and Today's Date-Time.

36

Name of Data Element:	LOC_CITY
Priority:	Optional
Definition:	Location City
Code:	Alphabetic Entry
Length:	30

Content: Indicates the location city of the patient.

37

Name of Data Element:	LOC_STATE
Priority:	Optional
Definition:	Location State
Code:	Alphabetic Entry
Length:	2

Content: Indicates the location state of the patient.

38

Name of Data Element:	LOC_CNTY
Priority:	Optional
Definition:	Location County
Code:	Numeric Entry
Length:	5

Content: Indicates the county where patient was injured. This field must be coded using the FIPS system, wherein each locality is encoded with a unique number. In Virginia, each FIPS number begins with '51' (i.e., Prince William County is coded as '51153'.) City, town or county FIPS codes are only unique within a state.

Validations:

1. Invalid FIPS code will not be allowed.

39

Name of Data Element:	E849_X
Priority:	Optional
Definition:	Place of Injury
Code:	Alphabetic-Numeric Entry
Length:	3

Content: ICD9 or other unique alpha-numeric code assigned to a full text description that best describes the place where incident occurred.
See [Appendix B](#) for a complete list of E Code Places.

Validations:

1. Invalid E Code Place will not be allowed.

40

Name of Data Element:	E_CODE
Priority:	Mandatory
Definition:	Cause of Injury
Code:	Alphabetic-Numeric Entry
Length:	10

Content: ICD9 or other unique alpha-numeric code assigned to a full text description that best describes the external mechanism of injury

Validations:

1. Invalid E Code will not be allowed.

41

Name of Data Element:	ETOH_BAC_A
Priority:	Optional
Definition:	Ethyl Alcohol Level
Code:	Numeric Entry
Length:	4

Content: Indicates Patient's alcohol level at the time of admission.

42

Name of Data Element:	AGE
Priority:	Conditionally Mandatory
Definition:	Patient Age
Code:	Numeric Entry
Length:	3

Content: Indicates the Patient's Age in years as of the injury/arrival date.

Validations:

1. Age is Mandatory if Patient's Date of Birth is not supplied.

43

Name of Data Element:	PAT_ADR_CO
Priority:	Optional
Definition:	Residence FIPS ID
Code:	Numeric Entry
Length:	5

Content: Indicates the name of the City/County/FIPS where the individual residence is based.

Validations:

1. Invalid FIPS code will not be allowed.

44

Name of Data Element:	SSN
Priority:	Optional
Definition:	Social Security Number
Code:	Numeric Entry
Length:	9

Content: Patient's unique government issued Social Security Number.

Validations:

1. Social Security Number must be unique for EACH patient.

45

Name of Data Element:	PAT_NAME
Priority:	Mandatory
Definition:	Patient Name
Code:	Alphabetic Entry
Length:	50
Data Items: Name should be in “ LASTNAME, FIRSTNAME MIDDLENAME SUFFIX ” Format	

Content: Indicates the name of patient.

46

Name of Data Element:	H_PHONE
Priority:	Optional
Definition:	Phone Number
Code:	Numeric Entry
Length:	20

Content: Indicates the telephone number of the Patient.

47

Name of Data Element:	PAT_ADR_S
Priority:	Optional
Definition:	Patient Address Street
Code:	Numeric / Alphabetic Entry
Length:	60

Content: Indicates the physical street address of the patient.

48

Name of Data Element:	PAT_ADR_Z
Priority:	Optional
Definition:	Postal Zip Code
Code:	Numeric Entry
Length:	10

Content: Indicates the zip code assigned to the residence or physical street address.

49

Name of Data Element:	PAT_ADR_CY
Priority:	Optional
Definition:	Patient's County Code
Code:	Numeric Entry
Length:	3

Content: Indicates the county code of the patient.

50

Name of Data Element:	PAT_APT
Priority:	Optional
Definition:	Patient's Apartment Number
Code:	Numeric / Alphabetic Entry
Length:	60

Content: Indicates the apartment number of the patient.

Contact Details File

[CON_<Hosp_Code>_<From_Date>_<To_Date>.CSV]

Note: Please ensure that the sequence of the columns in CSV file should follow the below listed order

1

Name of Data Element:	INST_NUM
Priority:	Mandatory
Definition:	Institution Number
Code:	Numeric Entry
Length:	5

Content: Indicates the code assigned to the hospital entering information about the patient. See [Appendix A](#) for a complete list of facility/hospital numbers.

Validations:

1. OEMS hospital should exist that corresponds to this hospital.

2

Name of Data Element:	MED_REC
Priority:	Mandatory
Definition:	Medical Record Number
Code:	Numeric Entry
Length:	10

Content: Indicates the unique Medical Record Number associated with the injury sustained by the patient.

Validations:

1. Medical Record Number should be same for a patient in a hospital for multiple admissions.
2. Two different patients should not have the same medical record number in a hospital.
3. Duplicate Medical Records i.e., Medical Records with same INST_NUM, MED_REC, EDA_DATE, EDA_TIME will not be allowed.

3

Name of Data Element:	EDA_DATE
Priority:	Mandatory
Definition:	ED Arrival Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date Patient arrived at the hospital from the accident scene.

Validations:

1. Arrival Date must be greater than or equal to Patient's Date of Birth and Injury Date.
2. Arrival Date must be less than or equal to Today's Date and Discharge Date.

4

Name of Data Element:	EDA_TIME
Priority:	Mandatory
Definition:	ED Arrival Time
Code:	Time format should be HH:MI
Length:	5

Content: Time Patient arrived at the hospital. HH ranges from 00 to 23. MI ranges from 00 to 59

Validations:

1. Arrival Date-Time must be greater than or equal to Injury Date-Time.
2. Arrival Date-Time must be less than or equal to Today's Date-Time and Discharge Date-Time.

5

Name of Data Element:	REL_NAME
Priority:	Optional
Definition:	Patient's Relative's Name
Code:	Alphabetic Entry
Length:	30
Data Items: Name should be in "LASTNAME, FIRSTNAME MIDDLENAME SUFFIX" Format	

Content: Indicates the name of the patient's relative.

6

Name of Data Element:	REL_PHONE
Priority:	Optional
Definition:	Patient's Relative's Phone Number
Code:	Numeric Entry
Length:	20

Content: Indicates the phone number of the patient's relative.

7

Name of Data Element:	REL_ADR_S
Priority:	Optional
Definition:	Patient's Relative's Address Street
Code:	Alphabetic Entry
Length:	30

Content: Indicates the physical street address of the patient's relative.

8

Name of Data Element:	REL_ADR_CI
Priority:	Optional
Definition:	Patient's Relative's Address City
Code:	Alphabetic Entry
Length:	30

Content: Indicates the city name of the patient's relative.

9

Name of Data Element:	REL_ADR_ST
Priority:	Optional
Definition:	Patient Relative State
Code:	Alphabetic Entry
Length:	2

Content: Indicates the state name of the patient's relative.

10

Name of Data Element:	REL_ADR_Z
Priority:	Optional
Definition:	Patient's Relative's Zip Code
Code:	Numeric Entry
Length:	10

Content: Indicates the postal zip code of the patient's relative.

11

Name of Data Element:	REL_ADR_CO
Priority:	Optional
Definition:	Patient's Relative's County
Code:	Numeric Entry
Length:	5

Content: Indicates the county of the patient's relative.

Validations:

1. Invalid FIPS code will not be allowed.

Diagnosis Details File

[DIA_<Hosp_Code>_<From_Date>_<To_Date>.CSV]

Note: Please ensure that the sequence of the columns in CSV file should follow the below listed order.

1

Name of Data Element:	INST_NUM
Priority:	Mandatory
Definition:	Institution Number
Code:	Numeric Entry
Length:	5

Content: Indicates the code assigned to the hospital entering information about the patient. See [Appendix A](#) for a complete list of facility/hospital numbers

Validations:

1. OEMS hospital should exist that corresponds to this hospital.

2

Name of Data Element:	MED_REC
Priority:	Mandatory
Definition:	Medical Record Number
Code:	Numeric Entry
Length:	10

Content: Indicates the unique Medical Record Number associated with the injury sustained by the patient.

Validations:

1. Medical Record Number should be same for a patient in a hospital for multiple admissions.
2. Two different patients should not have the same medical record number in a hospital.
3. Duplicate Medical Records i.e., Medical Records with same INST_NUM, MED_REC, EDA_DATE, EDA_TIME will not be allowed.

3

Name of Data Element:	EDA_DATE
Priority:	Mandatory
Definition:	ED Arrival Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date Patient arrived at the hospital from the accident scene.

Validations:

1. Arrival Date must be greater than or equal to Patient's Date of Birth and Injury Date.
2. Arrival Date must be less than or equal to Today's Date and Discharge Date.

4

Name of Data Element:	EDA_TIME
Priority:	Mandatory
Definition:	ED Arrival Time
Code:	Time format should be HH:MI
Length:	5

Content: Time Patient arrived at the hospital. HH ranges from 00 to 23. MI ranges from 00 to 59

Validations:

1. Arrival Date-Time must be greater than or equal to Injury Date-Time.
2. Arrival Date-Time must be less than or equal to Today's Date-Time and Discharge Date-Time.

5

Name of Data Element:	ICD9_01
Priority:	Optional
Definition:	Diagnosis Code
Code:	Numeric entry
Length:	10

Content: ICD-9 code (range between 800 and 959.9) or other code associated with the diagnosis or cause of injury.

Validations:

1. Invalid Diagnosis code will not be allowed.
2. Diagnosis codes exist for LOC [Loss of Consciousness] either Yes or No.

6

Name of Data Element:	ICD9_02
Priority:	Optional
Definition:	Diagnosis Code
Code:	Numeric entry
Length:	10

Content: ICD-9 code (range between 800 and 959.9) or other code associated with the diagnosis or cause of injury.

Validations:

1. Invalid Diagnosis code will not be allowed.
2. Diagnosis codes exist for LOC [Loss of Consciousness] either Yes or No.

(Change in numbers is NOT a gap: Includes "Data Elements ICD9_03 → ICD9_26.)

31

Name of Data Element:	ICD9_27
Priority:	Optional
Definition:	Diagnosis Code
Code:	Numeric entry
Length:	10

Content: ICD-9 code (range between 800 and 959.9) or other code associated with the diagnosis or cause of injury.

Validations:

1. Invalid Diagnosis code will not be allowed.
2. Diagnosis codes exist for LOC [Loss of Consciousness] either Yes or No.

Organ Donors File
[ORG_<Hosp_Code>_<From_Date>_<To_Date>.CSV]

Note: Please ensure that the sequence of the columns in CSV file should follow the below listed order.

1

Name of Data Element:	INST_NUM
Priority:	Mandatory
Definition:	Institution Number
Code:	Numeric Entry
Length:	5

Content: Indicates the code assigned to the hospital entering information about the patient. See [Appendix A](#) for a complete list of facility/hospital numbers

Validations:

1. OEMS hospital should exist that corresponds to this hospital.

2

Name of Data Element:	MED_REC
Priority:	Mandatory
Definition:	Medical Record Number
Code:	Numeric Entry
Length:	10

Content: Indicates the unique Medical Record Number associated with the injury sustained by the patient.

Validations:

1. Medical Record Number should be same for a patient in a hospital for multiple admissions.
2. Two different patients should not have the same medical record number in a hospital.
3. Duplicate Medical Records i.e., Medical Records with same INST_NUM, MED_REC, EDA_DATE, EDA_TIME will not be allowed.

3

Name of Data Element:	EDA_DATE
Priority:	Mandatory
Definition:	ED Arrival Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date Patient arrived at the hospital from the accident scene.

Validations:

1. Arrival Date must be greater than or equal to Patient's Date of Birth and Injury Date.
2. Arrival Date must be less than or equal to Today's Date and Discharge Date.

4

Name of Data Element:	EDA_TIME
Priority:	Mandatory
Definition:	ED Arrival Time
Code:	Time format should be HH:MI
Length:	5

Content: Time Patient arrived at the hospital. HH ranges from 00 to 23. MI ranges from 00 to 59

Validations:

1. Arrival Date-Time must be greater than or equal to Injury Date-Time.
2. Arrival Date-Time must be less than or equal to Today's Date-Time and Discharge Date-Time.

5

Name of Data Element:	ORG_DNR_1
Priority:	Optional
Definition:	Organ Code
Code:	Numeric Entry
Length:	11
Data Items:	
00 Not Asked	09 Heart
01 None	10 Heart and Lungs
02 All / Multiple nfs	11 Heart and Valves
03 Adrenal glands	12 Lungs
04 Bone	13 Kidneys
05 Bone marrow	14 Liver
06 Cartilage	15 Nerves
07 Cornea	16 Pancreas
08 Dura mater	17 Skin

Content: Indicates organs which may have been selected for donation.

Validations:

1. Invalid Organ codes will not be allowed.
2. Organ Donor Data accepted only for Expired patients.

6

Name of Data Element:	ORG_DNR_2
Priority:	Optional
Definition:	Organ Code
Code:	Numeric Entry
Length:	11
Data Items:	
00 Not Asked	09 Heart
01 None	10 Heart and Lungs
02 All / Multiple nfs	11 Heart and Valves
03 Adrenal glands	12 Lungs
04 Bone	13 Kidneys
05 Bone marrow	14 Liver
06 Cartilage	15 Nerves
07 Cornea	16 Pancreas
08 Dura mater	17 Skin

Content: Indicates organs which may have been selected for donation.

Validations:

1. Invalid Organ codes will not be allowed.
2. Organ Donor Data accepted only for Expired patients.

7

Name of Data Element:	ORG_DNR_3
Priority:	Optional
Definition:	Organ Code
Code:	Numeric Entry
Length:	11
Data Items:	
00 Not Asked	09 Heart
01 None	10 Heart and Lungs
02 All / Multiple nfs	11 Heart and Valves
03 Adrenal glands	12 Lungs
04 Bone	13 Kidneys
05 Bone marrow	14 Liver
06 Cartilage	15 Nerves
07 Cornea	16 Pancreas
08 Dura mater	17 Skin

Content: Indicates organs which may have been selected for donation.

Validations:

1. Invalid Organ codes will not be allowed.
2. Organ Donor Data accepted only for Expired patients.

8

Name of Data Element:	ORG_DNR_4
Priority:	Optional
Definition:	Organ Code
Code:	Numeric Entry
Length:	11
Data Items:	
00 Not Asked	09 Heart
01 None	10 Heart and Lungs
02 All / Multiple nfs	11 Heart and Valves
03 Adrenal glands	12 Lungs
04 Bone	13 Kidneys
05 Bone marrow	14 Liver
06 Cartilage	15 Nerves
07 Cornea	16 Pancreas
08 Dura mater	17 Skin

Content: Indicates organs which may have been selected for donation.

Validations:

1. Invalid Organ codes will not be allowed.
2. Organ Donor Data accepted only for Expired patients

Safety Devices File

[SAF_<Hosp_Code>_<From_Date>_<To_Date>.CSV]

Note: Please ensure that the sequence of the columns in CSV file should follow the below listed order

1

Name of Data Element:	INST_NUM
Priority:	Mandatory
Definition:	Institution Number
Code:	Numeric Entry
Length:	5

Content: Indicates the code assigned to the hospital entering information about the patient. See [Appendix A](#) for a complete list of facility/hospital numbers

Validations:

1. OEMS hospital should exist that corresponds to this hospital.

2

Name of Data Element:	MED_REC
Priority:	Mandatory
Definition:	Medical Record Number
Code:	Numeric Entry
Length:	10

Content: Indicates the unique Medical Record Number associated with the injury sustained by the patient.

Validations:

1. Medical Record Number should be same for a patient in a hospital for multiple admissions.
2. Two different patients should not have the same medical record number in a hospital.
3. Duplicate Medical Records i.e., Medical Records with same INST_NUM, MED_REC, EDA_DATE, EDA_TIME will not be allowed.

3

Name of Data Element:	EDA_DATE
Priority:	Mandatory
Definition:	ED Arrival Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date Patient arrived at the hospital from the accident scene.

Validations:

1. Arrival Date must be greater than or equal to Patient's Date of Birth and Injury Date.
2. Arrival Date must be less than or equal to Today's Date and Discharge Date.

4

Name of Data Element:	EDA_TIME
Priority:	Mandatory
Definition:	ED Arrival Time
Code:	Time format should be HH:MI
Length:	5

Content: Time Patient arrived at the hospital. HH ranges from 00 to 23. MI ranges from 00 to 59

Validations:

1. Arrival Date-Time must be greater than or equal to Injury Date-Time.
2. Arrival Date-Time must be less than or equal to Today's Date-Time and Discharge Date-Time.

5

Name of Data Element:	PROT_DEV_1
Priority:	Optional
Definition:	Safety Device Code
Code:	Numeric Entry
Length:	12
Data Items:	
1 None	4 Airbag
2 Seatbelt	5 Helmet
3 Child Seat	6 Other

Content: Indicates the type of safety device that may be available to the patient at the time the injury occurred.

Validations:

1. Invalid Safety devices will not be allowed.
2. Safety Device Information is not allowed unless cause code is MVA related.

6

Name of Data Element:	PROT_DEV_2
Priority:	Optional
Definition:	Safety Device Code
Code:	Numeric Entry
Length:	12
Data Items:	
1 None	4 Airbag
2 Seatbelt	5 Helmet
3 Child Seat	6 Other

Content: Indicates the type of safety device that may be available to the patient at the time the injury occurred.

Validations:

1. Invalid Safety devices will not be allowed.
2. Safety Device Information is not allowed unless cause code is MVA related.

List of Error Messages due to bad data

Sr.#	Error Description
Admission Details	
1.	The Arrival Date is Required.
2.	The Arrival Time is Required
3.	Arrival Date-Time Must be Greater than Injury Date-Time.
4.	Dates Indicate an Overlap in Admissions for This Client.
5.	Hospital Transferred To is Required for Transferred Patients
6.	Transport Mode to Receiving Hospital is Required for Transferred Patients.
7.	Transporting Agency is Invalid. Agency is Inactive.
8.	No OEMS Hospital exists that corresponds to the Transferring Hospital.
9.	Transferring Hospital May Not be the Same as Current Hospital.
10.	No OEMS Hospital exists that corresponds to the Receiving Hospital.
11.	Receiving Hospital may not be the same as Current Hospital.
12.	Patients Dying Prior to Admission Must Have Length of Stay of Zero.
13.	Patients Transferring Prior to Admission Must Have Length of Stay of One.
14.	Patients seen in ER Only Must Have Length of Stay of Zero.
15.	The Outcome is Required.
16.	The Outcome supplied is Unknown. Recheck Valid codes.
17.	The Discharge Date is Required.
18.	Discharge Date Must be Greater than or Equal to Arrival Date.
19.	Discharge Time Required for Dead/Transferred Patients.
20.	Discharge Date-Time Must be Greater than or Equal to Arrival Date-Time.
21.	The Admission Status is Required.
22.	The Admission Status supplied is Unknown. Recheck Valid codes.
23.	The Payor Source supplied is Unknown.
24.	Either Birth Date or Age is Required.
25.	Invalid Residential FIPS Code Scene.
26.	Invalid <Injury> FIPS Code Scene.
27.	Invalid E Code Place.
28.	An E Code must be supplied.
29.	Supplied E Code is not Valid.
30.	Duplicate Social Security Number with Client ID.
31.	Patient Last Name must be supplied.
32.	Patient First Name must be supplied.
33.	Record Exists with Prior Admission and Outcome of Deceased.
34.	Original Admission Status and Outcome Do Not Agree.
35.	No OEMS Agency exists that corresponds to the Pre-hospital

	Transporting Agency.
36.	Injury Date should be Less than or Equal to Today's Date.
37.	Arrival Date should be Less than or Equal to Today's Date.
38.	Discharge Date should be Less than or Equal to Today's Date.
39.	Date of Birth should be Less than or Equal to Today's Date.
40.	Year of Birth should be between 1850 and Current Year.
41.	Date of Birth should be Less than Injury Date/Arrival Date/Discharge Date.
42.	Invalid Value For Receiving Hospital.
43.	Duplicate Admission Record.
44.	This Medical Record Number is already recorded for another patient in this hospital.
45.	Medical Records with same Inst_num, Med_rec, Eda_date, Eda_time.
Diagnosis Details	
46.	Invalid Trauma Diagnosis Code.
47.	Diagnosis Codes Exist for LOC Yes and LOC No. Cannot be both. Recheck Codes
Organ Details	
48.	Organ Code is Unknown. Recheck Valid codes.
49.	Organ Donor Data Accepted Only for Dead Patients.
Safety Device Details	
50.	Safety Device Code is Unknown. Recheck Valid codes.
51.	Safety Device Information is Not Allowed Unless Cause Code is MVA Related.

Appendix A Hospital/Facilities Numbers

HOSPITAL CODE	HOSPITAL NAME	HOSPITAL CODE	HOSPITAL NAME
000	UNK VIRGINIA HOSPITAL	068	CARILION ROANOKE MEMORIAL HOSPITAL
001	INOVA ALEXANDRIA HOSPITAL	074	SMYTH COUNTY COMMUNITY HOSPITAL
004	BATH COUNTY COMMUNITY HOSPITAL	079	TAZEWELL COMMUNITY HOSPITAL
005	BEDFORD MEMORIAL HOSPITAL	089	WINCHESTER MEDICAL CENTER
007	BUCHANAN GENERAL HOSPITAL	002	ALLEGHANY REGIONAL HOSPITAL
009	CJW MEDICAL CENTER, CHIPPENHAM CAMPUS	006	WELLMONT BRISTOL REGIONAL MEDICAL CENTER
010	DICKENSON COUNTY MEDICAL CENTER	014	CULPEPER REGIONAL HOSPITAL
012	CARILION ROANOKE COMMUNITY HOSPITAL	018	FRANKLIN MEMORIAL HOSPITAL
013	COMMUNITY MEMORIAL HEALTHCENTER	033	SENTARA LEIGH HOSPITAL
016	FAIRFAX HOSPITAL	037	OBICI HOSPITAL
017	FAUQUIER HOSPITAL	040	MARY IMMACULATE HOSPITAL
019	GILES MEMORIAL HOSPITAL	044	DANVILLE REGIONAL MEDICAL CENTER
021	HALIFAX REGIONAL HOSPITAL	049	NEWPORT NEWS GENERAL HOSPITAL
022	SENTARA HAMPTON GENERAL HOSPITAL	053	VENCOR HOSPITAL OF ARLINGTON
024	SENTARA BAYSIDE HOSPITAL	057	PORTSMOUTH GENERAL HOSPITAL
025	CLINCH VALLEY MEDICAL CENTER	064	RETREAT HOSPITAL
026	HEALTHSOUTH MEDICAL CENTER	069	ROCKINGHAM MEMORIAL HOSPITAL
029	JOHNSTON MEMORIAL HOSPITAL	073	SHENANDOAH MEMORIAL HOSPITAL
030	CJW MEDICAL CENTER, JW CAMPUS	080	RIVERSIDE TAPPAHANNOCK HOSPITAL
031	KING'S DAUGHTERS HOSPITAL	085	RIVERSIDE WALTER REED HOSPITAL
032	LEE COUNTY COMMUNITY HOSPITAL	091	WYTHE COUNTY COMMUNITY HOSPITAL
035	WELLMONT LONESOME PINE HOSPITAL	059	PRINCE WILLIAM HOSPITAL
036	LOUDOUN HOSPITAL CENTER	065	RICHMOND MEMORIAL HOSPITAL
038	LYNCHBURG GENERAL HOSPITAL	071	ST. MARY'S HOSPITAL - NORTON

Virginia Office of Emergency Medical Services
Virginia Department of Health

HOSPITAL CODE	HOSPITAL NAME	HOSPITAL CODE	HOSPITAL NAME
039	MARTHA JEFFERSON HOSPITAL	077	STONEWALL JACKSON HOSPITAL
041	MARY WASHINGTON HOSPITAL	082	UNIVERSITY OF VIRGINIA MEDICAL CENTER
042	MARYVIEW MEDICAL CENTER	090	WISE APPALACHIAN REGIONAL HOSPITAL
045	MEMORIAL HOSPITAL OF MARTINSVILLE & HENRY COUNTY	103	MILITARY HOSPITAL
046	COLUMBIA MONTGOMERY REGIONAL HOSPITAL	105	RESIDENTIAL FACILITY
047	INOVA MOUNT VERNON HOSPITAL	108	OUTPATIENT REHAB
048	NATIONAL HOSPITAL MEDICAL CENTER	111	SPINAL CORD CENTER
050	NORFOLK COMMUNITY HOSPITAL	061	R. J. REYNOLDS-PATRICK COUNTY MEMORIAL HOSPITAL
052	NORTHAMPTON-ACCOMACK MEMORIAL HOSPITAL	095	RESTON HOSPITAL CENTER
054	NORTON COMMUNITY HOSPITAL	011	FAIR OAKS HOSPITAL
055	PAGE MEMORIAL HOSPITAL	023	HENRICO DOCTORS' HOSPITAL - FOREST
056	SOUTHSIDE REGIONAL MEDICAL CENTER	008	CHESAPEAKE GENERAL HOSPITAL
060	COLUMBIA PULASKI COMMUNITY HOSPITAL	015	DEPAUL HOSPITAL
063	RAPPAHANNOCK GENERAL HOSPITAL	020	GREENSVILLE MEMORIAL HOSPITAL
066	METROPOLITAN HOSPITAL, LP	027	JEFFERSON MEMORIAL HOSPITAL
067	RIVERSIDE REGIONAL MEDICAL CENTER	034	COLUMBIA LEWIS-GALE MEDICAL CENTER
070	RUSSELL COUNTY MEDICAL CENTER	043	MEDICAL COLLEGE OF VIRGINIA HOSPITALS
072	ST. MARY'S HOSPITAL - RICHMOND	051	SENTARA NORFOLK GENERAL HOSPITAL
075	SOUTHAMPTON MEMORIAL HOSPITAL	062	CARILION RADFORD COMMUNITY HOSPITAL
078	STUART CIRCLE HOSPITAL	076	SOUTHSIDE COMMUNITY HOSPITAL
081	TWIN COUNTY REGIONAL HOSPITAL	087	WAYNESBORO COMMUNITY HOSPITAL
083	VIRGINIA BAPTIST HOSPITAL	003	VIRGINIA HOSPITAL CENTER-ARLINGTON
086	WARREN MEMORIAL HOSPITAL	106	PSYCHIATRIC FACILITY
088	WILLIAMSBURG COMMUNITY HOSPITAL	058	POTOMAC HOSPITAL
092	AUGUSTA MEDICAL CENTER	084	VIRGINIA BEACH GENERAL HOSPITAL
094	CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS	028	JOHN RANDOLPH MEDICAL CENTER

Virginia Office of Emergency Medical Services
Virginia Department of Health

HOSPITAL CODE	HOSPITAL NAME	HOSPITAL CODE	HOSPITAL NAME
098	WASHINGTON HOSPITAL CENTER - MEDSTAR	777	EMERGENCY MEDICAL SERVICES
099	PORTSMOUTH NAVAL HOSPITAL	096	RICHMOND COMMUNITY HOSPITAL
102	OUT OF STATE HOSPITAL	097	MEMORIAL REGIONAL MEDICAL CENTER
101	NURSING HOME FACILITY	100	CHILDREN'S NATIONAL MEDICAL CENTER, WASHINGTON D.C.
104	REHABILITATION HOSP	112	DIKENSON COMMUNITY HOSPITAL
107	VA HOSPITAL	113	MINOR CARE CENTER
109	BURN FACILITY		
110	PEDIATRIC HOSPITAL		
999	OTHER & NA		

Appendix B E Code Places

E Code Place	Description
849.0	Place of occurrence, Home
849.1	Place of occurrence, Farm
849.2	Place of occurrence, Mine And Quarry
849.3	Place of occurrence, Industrial Places And Premises
849.4	Place of occurrence, Place For Recreation And Sport
849.5	Place of occurrence, Street And Highway
849.6	Place of occurrence, Public Building
849.7	Place of occurrence, Residential Institution
849.8	Other specified place of occurrence
849.9	Unspecified place of occurrence